

Project Client Overall Satisfaction Survey

**NOTE: Survey shall be included in the Offeror's Proposal for each Reference.
The Reference will be contacted to verify response.**

Company /Agency Name:	
Project Title:	Type Contract:
Project Start Date:	Project End Date::
Cost Magnitude of Project:	
Pointe of Contact Name:	
Pointe of Contact Position/Title:	
Pointe of Contact Phone:	
Project Client Email Address:	

1. Were key personnel responsive to client needs?
2. Did key personnel have the authority to meet the project objectives?
3. Were key personnel responsive to client requested changes?
4. Was the client satisfied with technical knowledge of key personnel?
5. Would the client like to use this firm again?
6. Was the staffing level consistent with the project size and complexity?
7. Was communication of schedule and/or problem issues adequate and consistent?
8. Was the team's response time to client's questions acceptable?
9. Did the offeror's or subcontractor's performance conform to the terms of the contract?
10. Did contractor provide payment and performance bonds in a timely manner?
11. After contract award, were change orders issued due to deficiencies in contractor's original proposal?
12. Rate the Overall satisfaction with the product or service provided. Check one
 - ☐ Exceed Expectations ____ Met Expectations ____ Failed to Meet Expectations ____

Client Printed Name_____

Client Signature_____Date_____